

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
 Yoshiharu OGATA
 Serial No: 10/805,179
 Confirmation No: 7415
 Filed: March 19, 2004
 For: Semiconductor Device, Electronic Device, Electronic Equipment and Manufacturing Method Thereof



Art Unit: 2814
 Examiner: Pizarro-Crespo, Marcos D.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:	
Mail Stop Amendment	
Commissioner for Patents	
P.O. Box 1450	
Alexandria, VA 22313-1450, on	
June 13, 2005	
Date of Deposit	Juanita Soberanis
Name	<i>Juanita Soberanis</i>
Signature	06/13/05
Date	

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

Response to Restriction Requirement.
 Return Postcard.

No additional fee is required:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	**	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	10	-	10	***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS	\$
						TOTAL	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By: _____

Troy M. Schmelzer
 Troy M. Schmelzer
 Registration No. 36,667
 Attorney for Applicant(s)

Date: June 13, 2005

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PATENT
Attorney Docket No. 81754.0117
Customer No. 26021

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Examiner: Pizarro-Crespo, Marcos D.

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Date of Deposit
Juanita Soberanis

Name
Marcos D. Pizarro
Signature

06/13/05
Date

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the office action dated May 18, 2005 setting forth a restriction requirement, applicant elects for prosecution the invention of Group I, claims 1-14 and 17-20, drawn to a semiconductor device. Any fees due with this response may be charged to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: June 13, 2005

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